



BUSINESS LICENSE COMMISSION

COUNTY OF LOS ANGELES

374 KENNETH HAHN HALL OF ADMINISTRATION

500 WEST TEMPLE STREET

LOS ANGELES, CA 90012

(213) 974-7691

www.board.co.la.ca.us/blc



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SARA VASQUEZ

PRESIDENT

RENÉE CAMPBELL

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COMMISSIONER

March 26, 2015

Victoria Salti
Beth Shalom of Whittier
14564 East Hawes Street
Whittier, CA 90604

HEARING ON APPLICATION FOR BINGO MANAGER **BUSINESS LICENSE ID #142004**

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, April 8, 2015 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS

You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost. In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either **a professional/certified interpreter or other person who is fluent in both English and your native language.** If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking is available at your cost; a map is enclosed for your convenience. **Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.**

Sincerely,

SARA VASQUEZ
President

Lupe Duron
Commission Staff

NOTICE TO PRINTER
STATE LAW REQUIRES THAT THIS
LEGAL ADVERTISEMENT SHALL BE SET
IN TYPE NOT SMALLER THAN NONPAREIL (6 PT.)

CUSTOMER CODE : Z 91085

NEWSPAPER : XX XXXX
PUBLISH 3 TIMES

1ST PUBLISHING DATE: XXXXXXXX
2ND PUBLISHING DATE: XXXXXXXX
3RD PUBLISHING DATE: XXXXXXXX

REPRINTS ORDERED: NONE

NOTICE OF HEARING TO CONDUCT

BINGO MANAGER

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE
COMMISSION TO CONDUCT

ADVANCE PROOF REQUESTED

ADDRESS OF PREMISES: 14564 E. HAWES ST.
WHITTIER, CA 90064
NAME OF APPLICANT: BETH SHALOM OF WHITTIER /
VICTORIA SALT
DATE OF HEARING: 04/08/2015
TIME OF HEARING: 09:00 A.M.

"ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING HIS REASONS THEREFOR, AND HE
MAY APPEAR AT THE TIME AND PLACE OF THE HEARING AND BE HEARD RELATIVE THERETO"

OFFICE OF THE COMMISSION:

BUSINESS LICENSE COMMISSION
500 W. TEMPLE STREET, RM 374
LOS ANGELES, CA 90012

RETURN TO:

LOS ANGELES COUNTY TAX COLLECTOR
BUSINESS LICENSE SECTION
225 N. HILL STREET RM. 109
LOS ANGELES, CA 90012



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: BINGO MANAGER

ADDRESS OF BUSINESS: 14564 E HAWES ST, WHITTIER, CA 90604

TELEPHONE: (562) 941-8744

OWNER OF BUSINESS: VICTORIA SALTI

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: BETH SHALOM OF WHITTIER

MAILING ADDRESS: 14564 E HAWES ST, WHITTIER, CA 90604

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control	_____	_____	_____
<input type="checkbox"/> 2. Risk Management	_____	_____	_____
<input type="checkbox"/> 3. Building & Safety	_____	_____	_____
<input type="checkbox"/> 4. Fire Department	_____	_____	_____
<input type="checkbox"/> 5. Public Health	_____	_____	_____
<input type="checkbox"/> 6. Treasurer & Tax Collector	_____	_____	_____
<input checked="" type="checkbox"/> 7. Business License Commission	_____	_____	_____
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	03/11/15	tchen
<input type="checkbox"/> 9. Regional Planning Commission	_____	_____	_____
<input type="checkbox"/> 10. Weights and Measures	_____	_____	_____
<input type="checkbox"/> 11. Publishing	_____	_____	_____
<input type="checkbox"/> 12. Public Works - EPD	_____	_____	_____
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	03/11/15	tchen

Conditions:



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ _____

ID # 142004

BUSINESS INFORMATION

Type of Business: <u>Bingo Manager</u>	Address of Business: <u>1456 4 East Hawes Street Whittier</u>	
DBA (Business Name): <u>Beth Shalom DINGO</u>	Business Telephone: _____	
Mailing Address: <u>1456 4 E Hawes St. Whittier, Ca - 90609</u>		
Sellers Permit # (State Board of Equalization): _____		
Business Ownership Structure: Single Owner _____ Partnership _____ LLC _____ Corporation <input checked="" type="checkbox"/> If LLC or Corporation, the information below is required:		
Date of Incorporation: <u>1978</u>	Incorporated in the State of: <u>California</u>	
Exact Corporate Name: <u>Beth Shalom DINGO</u>		
Names of Officers	Addresses	Titles

APPLICANT INFORMATION

Applicant's Full Name: <u>Victoria Salti</u>		
Home Address: _____		
Home Telephone: _____	Cell Phone: <u>NONE</u>	Email address: _____
Social Security #: _____	Date of Birth: _____	Place of Birth: _____
Driver's License or State ID#: _____		Expiration Date: <u>7/1</u>
Male _____ Female <input checked="" type="checkbox"/>	Height: _____	Weight: _____
Hair Color: _____		Eye Color: _____

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the Business License applied for, I agree to submit any additional information that may be required, to conduct all phases of this Business License in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: _____ Applicant's Signature: [Signature]

Application taken by: Tony Date: _____

* If you suspect fraud or wrongdoing by a County of Los Angeles employee, report it to the fraud hotline at 1(800) 544-6861



COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



BUSINESS LICENSE
APPLICATION REFERRAL

KIND OF BUSINESS: BINGO MANAGER

ADDRESS OF BUSINESS: 14564 E HAWES ST, WHITTIER, CA 90604

TELEPHONE: (562) 941-8744

OWNER OF BUSINESS: VICTORIA SALTI

CAL. DR. LIC.# : N6639694

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: BETH SHALOM OF WHITTIER

MAILING ADDRESS: 14564 E HAWES ST, WHITTIER, CA 90604

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

SHERIFF FINGERPRINT
LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: Approved

SIGNATURE: [Signature]

DATE: 3/11/15

BASIC LICENSE NO. 3531

DATE 01/20/15

IDENTIFICATION NUMBER 142004